

Name
in
Full

Louisa Anderson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Anne Arundel		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1908	April	10	61	5	12	
Sex	Female	Color or Race	White	Birth-place	Baltimore	
Occupation	House-wife			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Frank P. Anderson			
Father's Name	Adam Bedell			Father's Birthplace	Germany	
Mother's Maiden Name	Not Known			Mother's Birthplace		
Name of person giving information	Frank P. Anderson			How related to deceased	Husband	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Bright's Disease		
Immediate	Cholera		
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Chase Brook
		Address	Brooklyn
Accident or Suicide?			

Name
in
Full

Mary Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	Apr.	7	60		
Sex	Color or Race	Age	Birth-place		
Female	B	60	A.A. 60.		
Occupation	Where Residing if not at place of death				
Housewife	—				
Married, Sing. or Widowed	Name of Wife or Husband	Henry Anderson			
—	—	A.A. 60.			
Father's Name	Robt. Lucy				
Mother's Maiden Name	do not know				
Name of person giving information	Frig Johnson				
CAUSES OF DEATH					
Primary	Goiter				
Immediate	Dyspnoea				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
Yes.			A.B. Gault		
			Address		
			Milwaukee		

PHYSICIAN
OR CORONER

Primary

Goiter

89

How long

25 yrs.

Immediate

Dyspnoea

How long

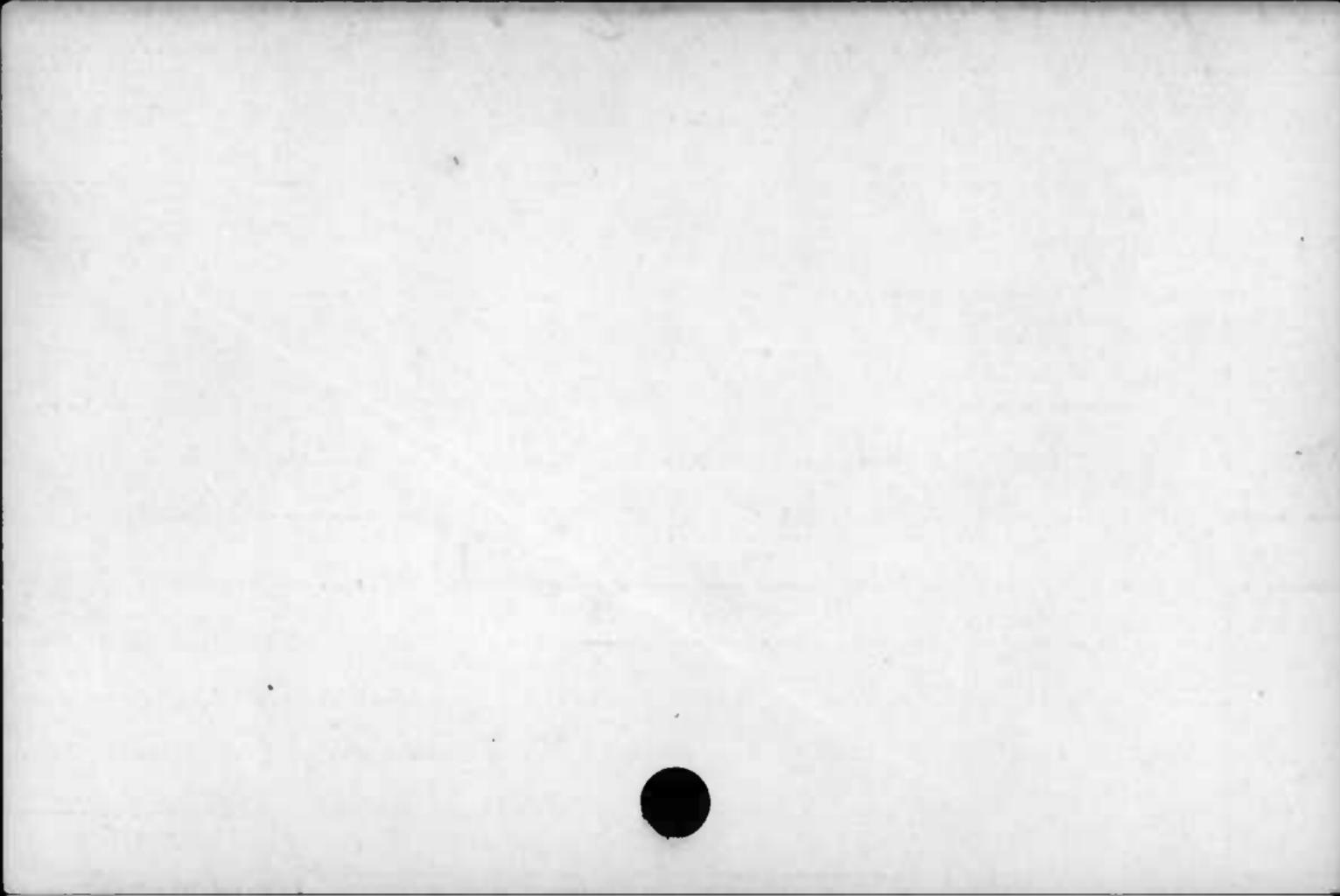
one day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Frances Blackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Annapolis		Town A. A. County		MARYLAND		
Date of death 1908	Month April	Day 29.	Years 57.	Age	Months	Days
Sex Female	Color or Race Colored	Birth-place Annapolis Md.				
Occupation Unknown.	Where Residing if not at place of death 10 Block Street					
Married, Single or Widowed Single	Name of Wife or Husband unknown.					
Father's Name Edward Blackson	Father's Birthplace Age 70 yrs Annapolis					
Mother's Maiden Name Malinda Hazel	Mother's Birthplace Age 60 yrs Annapolis					
Name of person giving information Malinda Hazel	How related to deceased Mother					

CAUSES OF DEATH

146

PHYSICIAN
OR CORONER

Primary

**Rachitis
Exhaustion**

**Months
Gradual**

Immediate

Are the name, age, sex, color, date and place correctly given above?

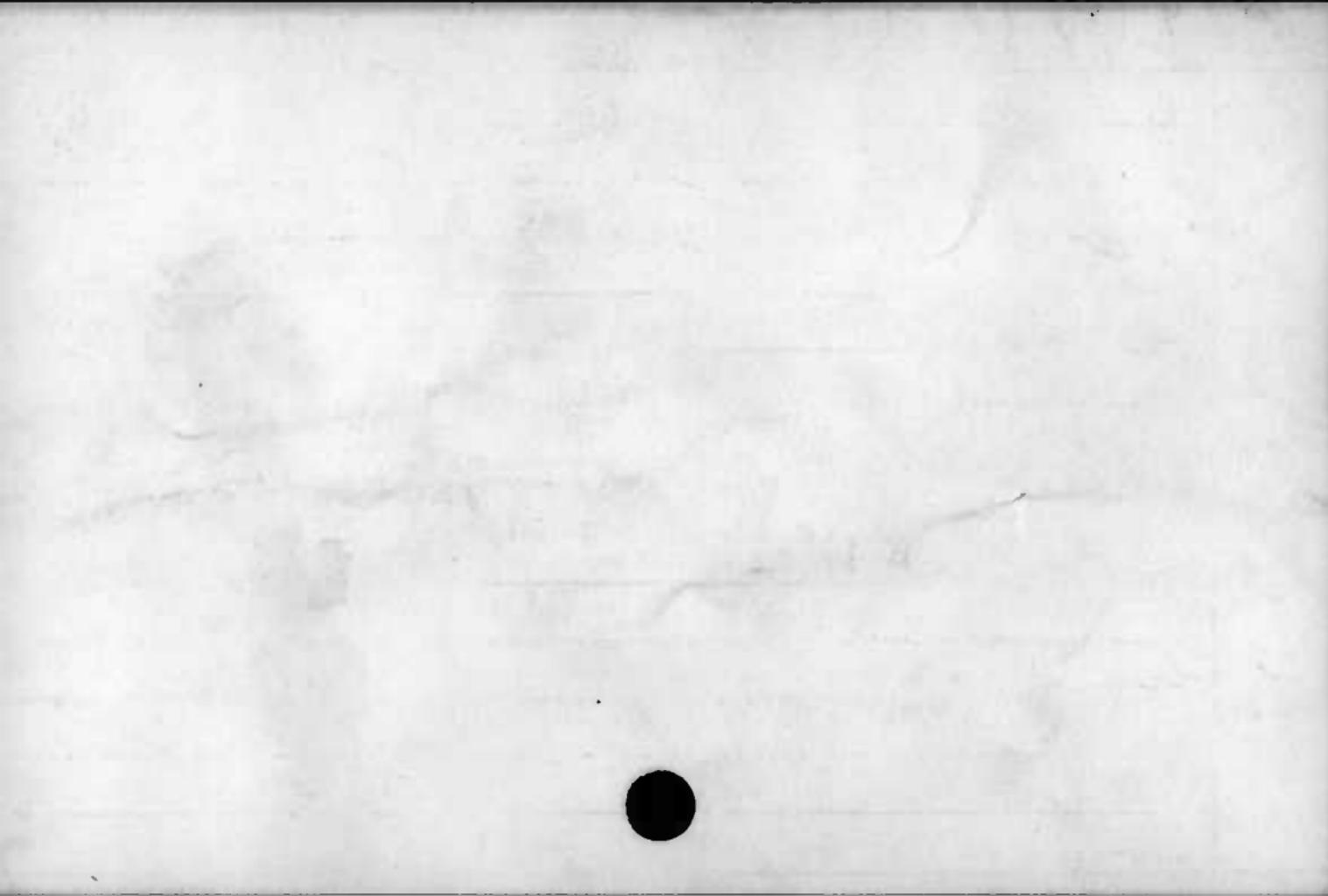
Signature of Physician

Address

Yes

**John Ridout
Annapolis
Md**

Accident or Suicide?



Name
in
Full

James Blackston

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Annapolis Md		Town		County		MARYLAND	
Date of death	1908	Month April	Day 24	Years 65	Age	Months	Days
Sex	male	Color or Race	Colored	Birth-place	Annapolis Co Md		
Occupation	Laborer		Where Residing if not at place of death	969 Gray St			
Married, Single or Widowed	Married	Name of Wife or Husband	Marthia Blackston		Father's Birthplace	Unknown	
Father's Name	James Blackston				Mother's Birthplace	" "	
Mother's Maiden Name	Unknown				How related to deceased	Step Son	
Name of person giving information	James Fox				47		

CAUSES OF DEATH

Primary Rheumatism & Acute Nephritis
How long 4 weeks

Immediate Cardiac Asthenia
How long 24 hrs.

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Sam'l P. Steuart Jr.

Address

Annapolis, Md.

Accident or Suicide?

Neither

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Minnie Ruth Bornhardt

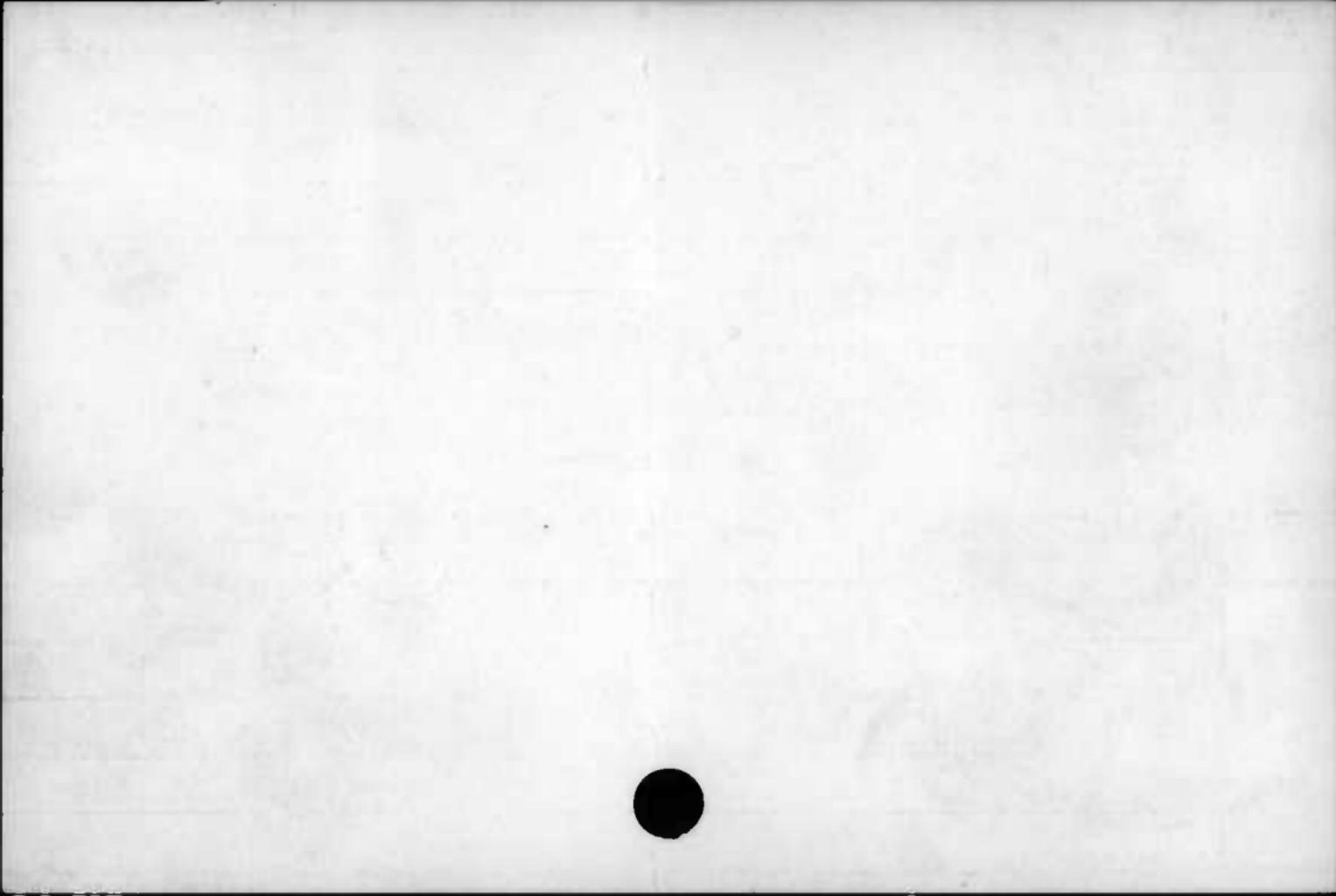
CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1908	April	20	0	1	13	
Sex	Female	Color or Race	White	Birth-place	Baltimore Co.	
Occupation	None	Where Residing if not at place of death			Eatonville	
Married, Single or Widowed		Name of Wife or Husband	None	Father's Name	George A. H. Bornhardt	
Mother's Maiden Name	Minnie L. Sherwood	Mother's Birthplace	Maryland			
Name of person giving information	Geo. A. H. Bornhardt	Father's Birthplace	N. Carolina			
		How related to deceased	Father			

CAUSES OF DEATH

8

Primary	Pertussis	How long	3 weeks
Immediate	Broncho pneumonia	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. R. Eareckson
Yes		Address	Eck Ridge, Md
Accident or Suicide?			



Name
in
Full

Matthew Bowie

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	
Address Patient - Anne Arundel		MARYLAND	
Date of death	Month	Day	Years
1908	4	21	18
Age	Months	Days	
	0	19	
Sex	Color or Race	Birth-place	
Male	Colored	Maryland	
Occupation	Where Residing if not at place of death		
勞工	—		
Married, Single or Widowed	Name of Wife or Husband		
Single	—		
Father's Name	Name of Father		
Amos Bowie	Maryland		
Mother's Maiden Name	Name of Mother		
May Emma Blackton	Maryland		
Name of person giving information	How related to deceased		
Amos Bowie	Father		

CAUSES OF DEATH

27

How long

one year

How long

Primary

Pulmonary Tuberculosis

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Dr. Hammond,

Jessup,
Md.

PHYSICIAN
OR CORONER

Accident or Suicide?

No



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Still Born *Chew*

CERTIFICATE OF DEATH

Died at <i>Annapolis Md. A. Co</i>		Town		County		MARYLAND			
Date of death <i>1908</i>	Month <i>April</i>	Day <i>25</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>			
Sex <i>Male</i>	Color or Race <i>Colored</i>			Birth-place <i>Annapolis</i>					
Occupation <i>Unknown</i>	Where Residing if not at place of death <i>65 N. West St</i>								
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Unknown</i>								
Father's Name <i>Allen Chew</i>			Father's Birthplace <i>Annapolis</i>						
Mother's Maiden Name <i>Annie Traverse</i>			Mother's Birthplace <i>Catonsville Md</i>						
Name of person giving information <i>Allen Chew</i>			How related to deceased <i>Father</i>						

CAUSES OF DEATH

Primary

Still Born

S

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

*R. P. Rose
6 Old Threshers
Annapolis*

Accident or Suicide?

no

Beaver Hill

Name
in
Full

Earl Coffin

CERTIFICATE OF DEATH

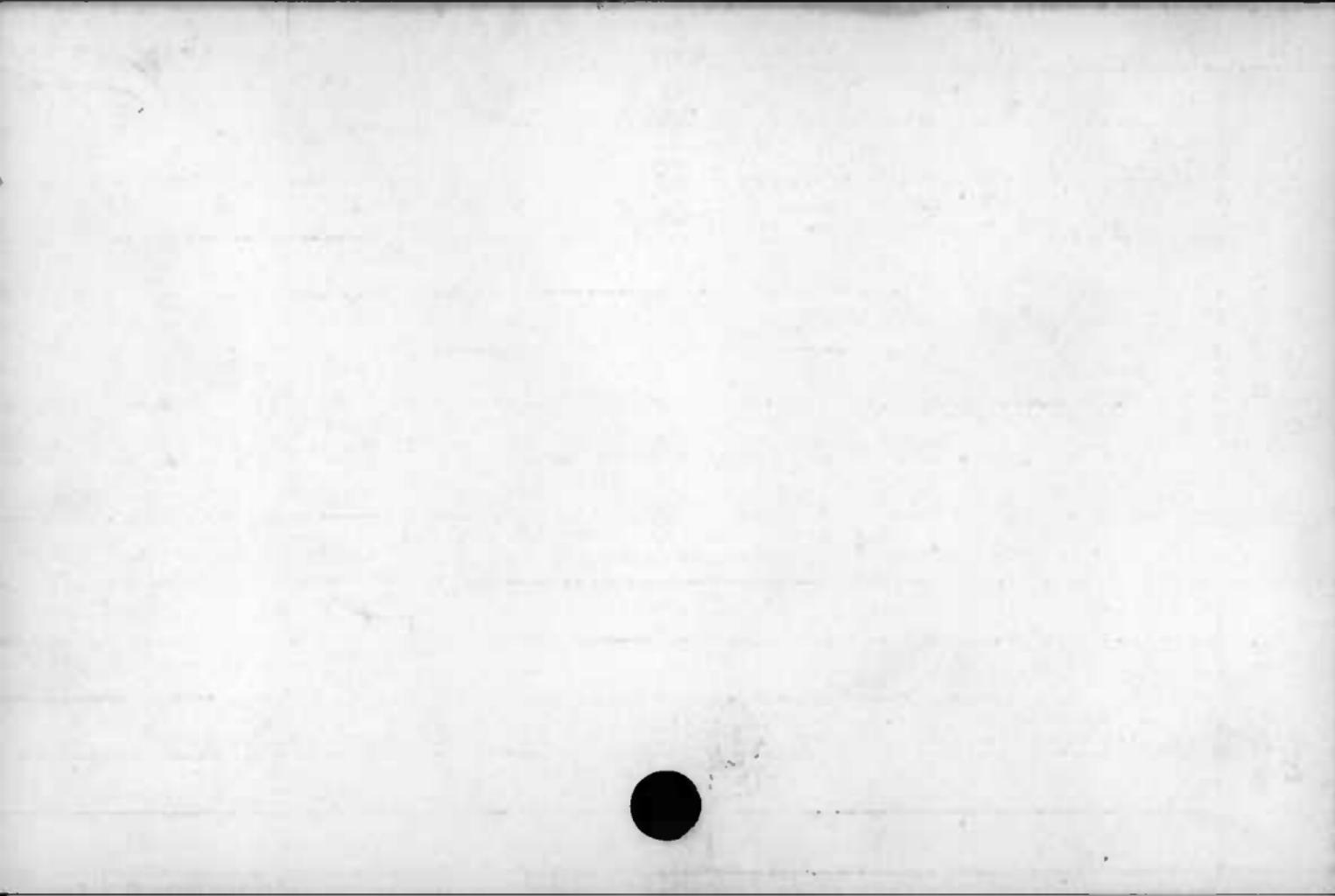
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month April	Day 30	Years —	Months —	Days —
Sex	Male	Color or Race	White		Birth-place	Eastport Annapolis
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband	None		Father's Birthplace	Annapolis
Father's Name	Winnie Coffin			Mother's Birthplace	Eastport	
Mother's Maiden Name	Savvy Brewer			Name of person giving information	How related to deceased	
Name of person giving information		Savvy Coffin			Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Sudden death	
Immediate	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	Address	
Accident or Suicide?	Anne Hanson Eastport, Md.	



Name
in
Full

Elvira Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race		Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Thomas Davis			
Father's Name	C. Alfred Johnson					Father's Birthplace
Mother's Maiden Name	Nellie Ann Lee					Mother's Birthplace
Name of person giving information	Alfred Johnson					How related to deceased

CAUSES OF DEATH

120

How long

Three Weeks

How long

10 hours

PHYSICIAN
OR CORONER

Primary

Acute Nephritis

Immediate

Traumatic Convulsions

Are the name, age, sex, color, date and place correctly given above?

Yes

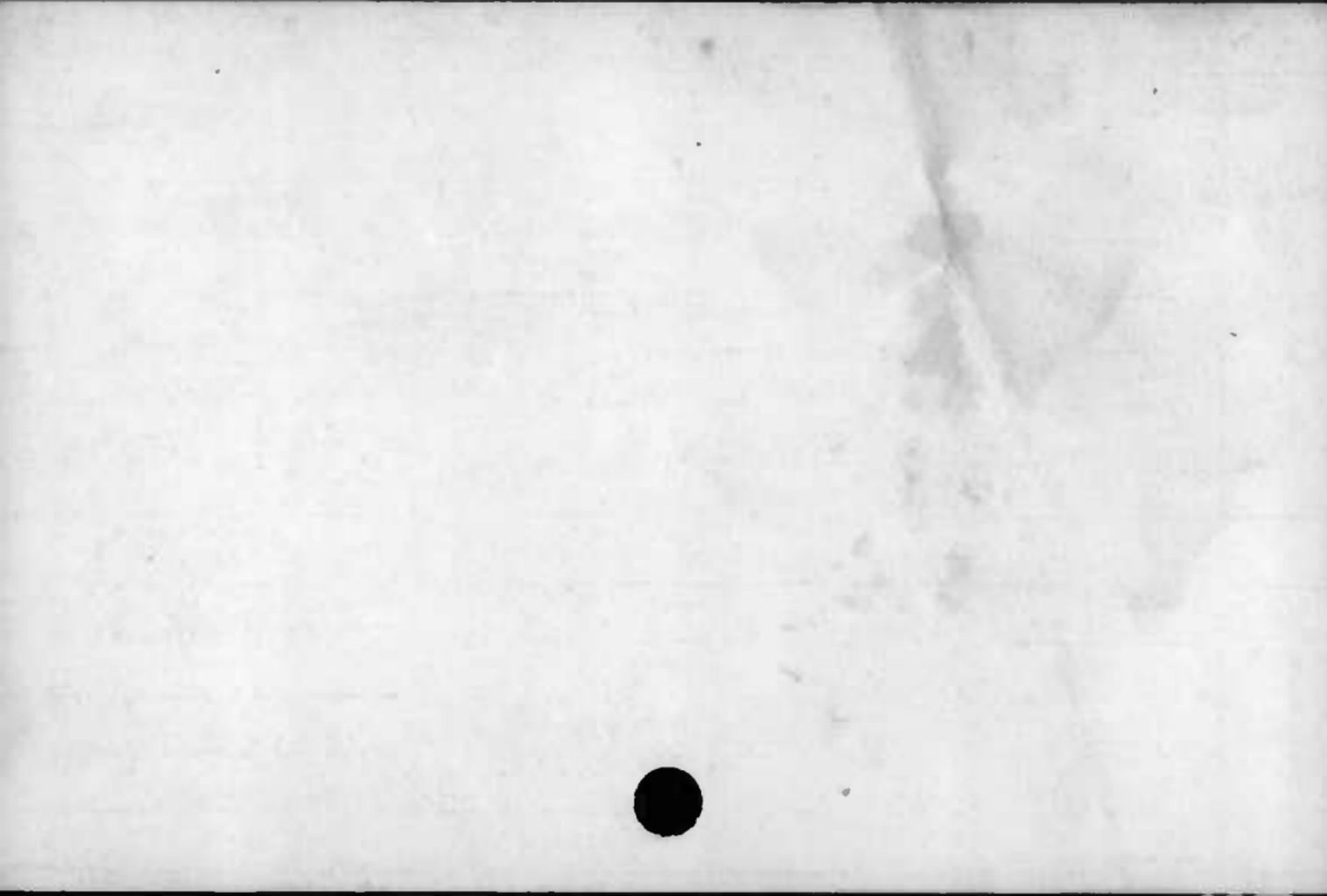
Signature of Physician

Address

R. Hammond
Jessup Md

Accident or Suicide?

No



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

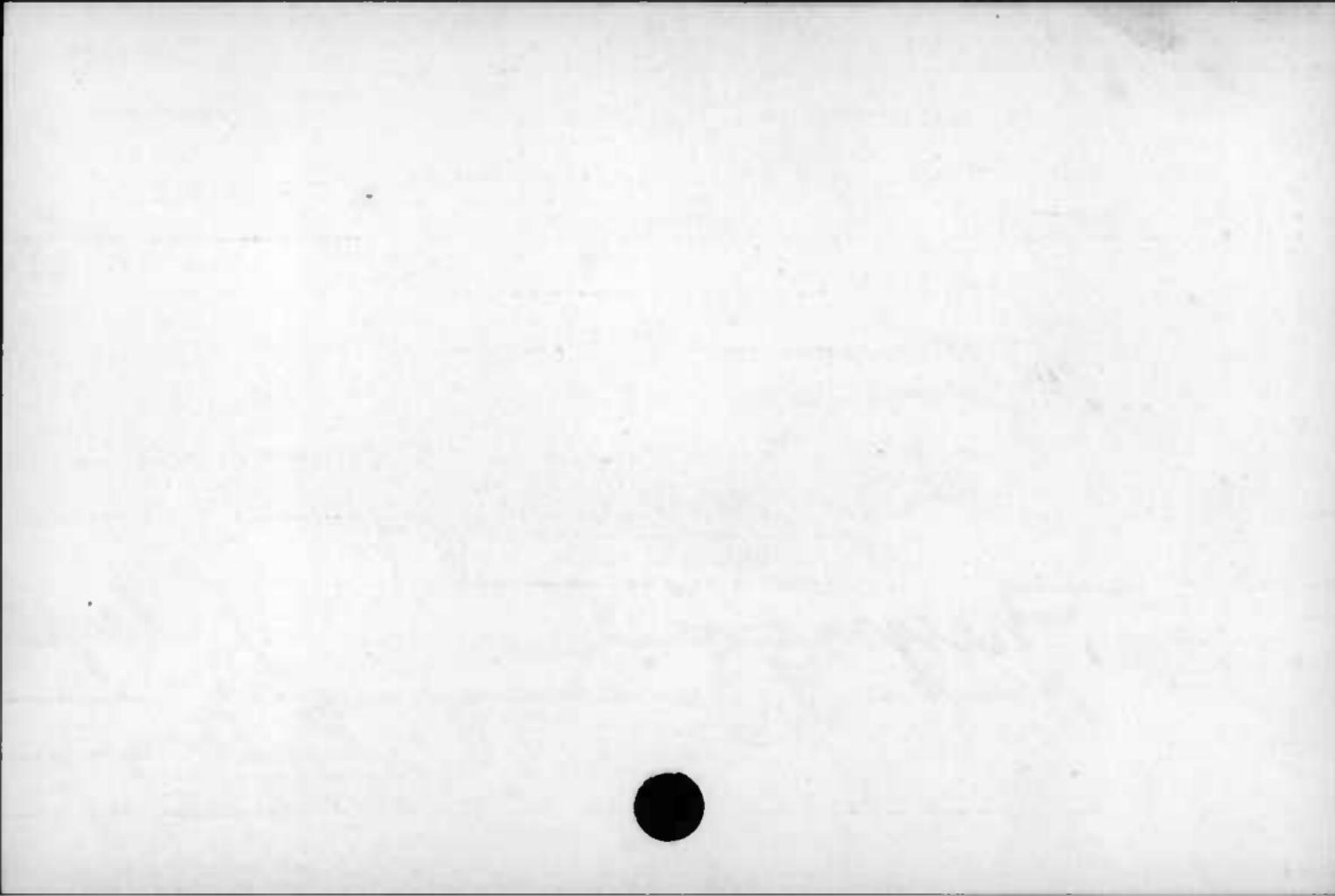
PHYSICIAN
OR CORONER

Emiline Freeland

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Died at	Annapolis	County	Anne Arundel	Maryland	MARYLAND	
Date of death	1908 April	Month	Day	Years	Months	Days
Sex	Female	Color or Race	colored	65 yrs		
Occupation	Housewife	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	David Freeland			
Father's Name	Unknown	Father's Birthplace				
Mother's Maiden Name	Unknown	Mother's Birthplace				
Name of person giving Information	Daughter	How related to deceased				
CAUSES OF DEATH						
Primary	Valvular Disease					79
Immediate	of the Heart					several months
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
Yes			Address			

Accident or Suicide?



Name
in
Full

Charles Frye

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month Apr	Day 28	Years 35-	Months 1	Days 26	
Sex	Male	Color or Race	Color		Amyotrophic		
Occupation	Porter		Where Residing if not at place of death		22 Washington St		
Married, Single or Widowed	Single	Name of Wife or Husband	Unknown				
Father's Name	Thomas Frye		Father's Birthplace		Annapolis		
Mother's Maiden Name	Mary Harris		Mother's Birthplace		Annapolis		
Name of person giving Information	Mary Harris		How related to deceased		Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

93

How long

Immediate

Heart Failure

9 days

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. P. J. Dwyer
60 Collected St
Annapolis

Accident or Suicide?

NO

Asbury

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Annie Griffin					CERTIFICATE OF DEATH		
Died at		Place	County		MARYLAND		
Date of death	1908	Month April	Day 26	Years 34	Months	Days	
Sex	Female		Color or Race	White			
Occupation	Housewife		Where Residing if not at place of death	South Balt			
Married, Single or Widowed	Married		Name of Wife or Husband	Wm Griffin			
Father's Name	Not unknown			Unknown			
Mother's Maiden Name	Unknown			Unknown			
Name of person giving Information	Wm Griffin			Husband			

CAUSES OF DEATH

176

Primary

Pistol Shot Wounds

How long

immediate

Immediate

Murder

How long

✓

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Wm Griffin

Dr. Griffin

South Balt Md

Accident or Suicide?

Murder



Name
in
Full

Mrs. Mary E. Guieumat.

CERTIFICATE OF DEATH

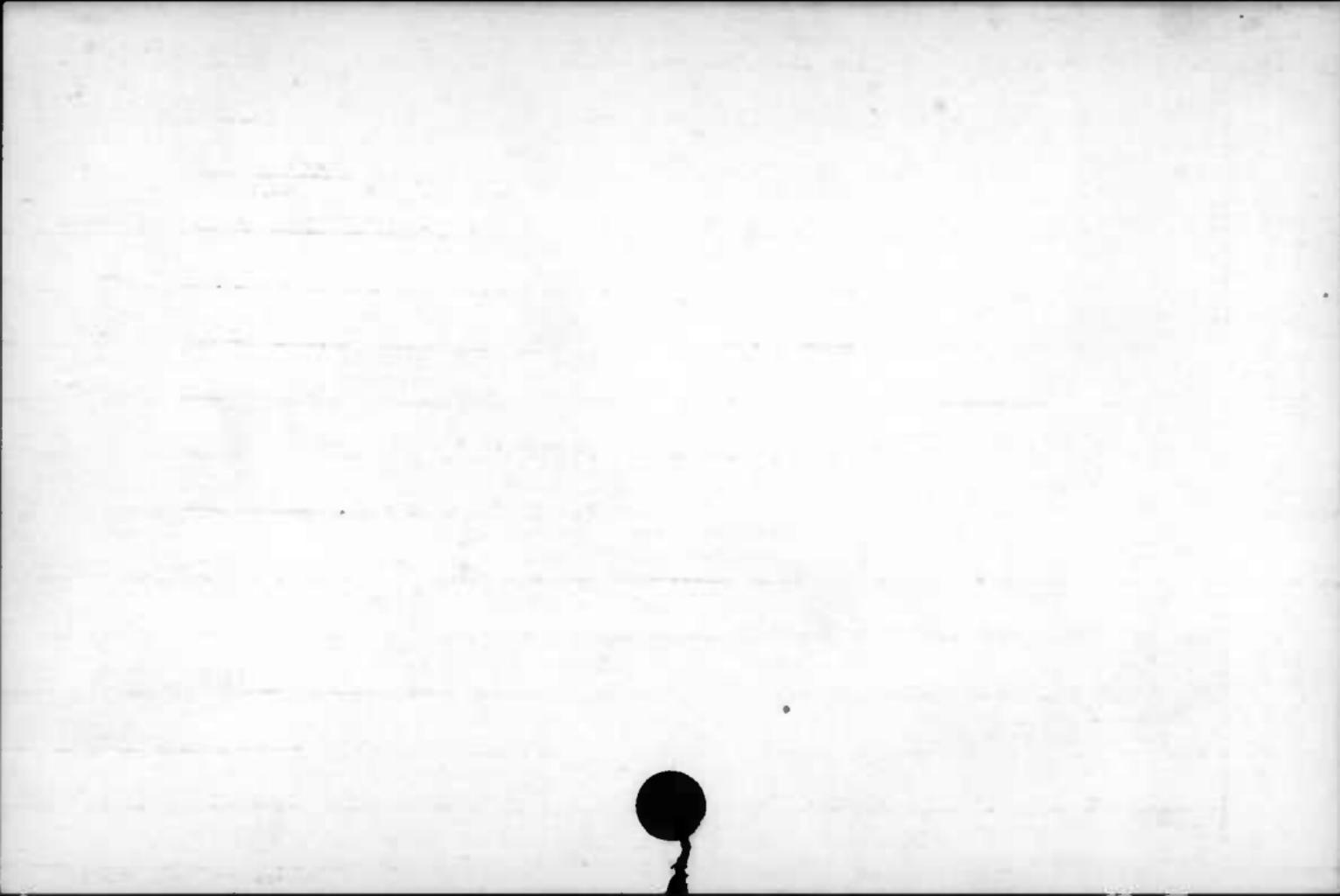
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Birth-place				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	George S. Busch					Father's Birthplace
Mother's Maiden Name	Sophia Unknown					Mother's Birthplace
Name of person giving Information	Sister E. Goetz					How related to deceased

CAUSES OF DEATH

42

PHYSICIAN OR CORONER	Primary	Carcinoma of Uterus.			How long
	Immediate	Exhaustion			2 years.
	Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	How long	
			Louis B. Henkel Jr.	one month.	
			Address		
	Address	Annapolis, Md.			
	Accident or Suicide?	neither			

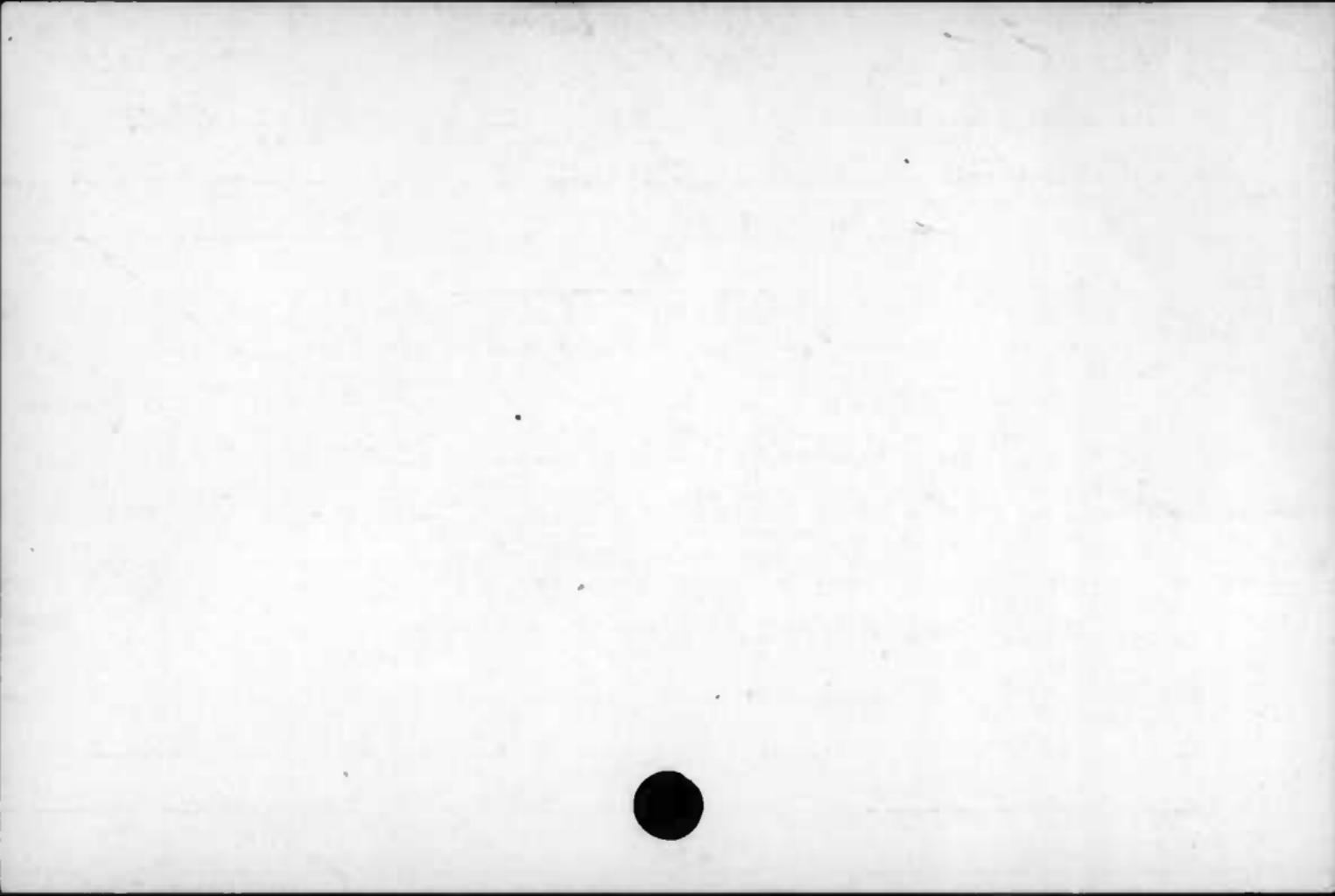


Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH						
Died at <u>Shady Side Pa. a.</u>			County	MARYLAND		
Date of death <u>1908 April 19</u>	Month	Day	Years	Months	Days	
Age <u>58</u>						
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Churchton</u>				
Occupation <u>House wife</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Alfred A. Handy</u>					
Father's Name <u>John T. Gross</u>	Father's Birthplace <u>Baltimore Co</u>					
Mother's Maiden Name <u>Harriette Coates</u>	Mother's Birthplace <u>A.A. Co</u>					
Name of person giving information <u>Samuel Nick</u>	How related to deceased <u>Adoption</u>					
CAUSES OF DEATH						
Primary <u>Chronic Interstitial Nephritis. ?</u>						
Immediate <u>Uraemic Coma, Heart failure.</u>	<u>72 hours</u>					
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician					
<u>Yes-</u>	<u>G. P. W. Wilson</u>					
	Address	<u>Churchton</u>				
		<u>Maryland</u>				
Accident or Suicide?						



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Jayies C B Hawes

CERTIFICATE OF DEATH

Died at **Darmondville** Town

County **A A B o.**

MARYLAND

Date of death **1908** Month **April** Day **19**

Years **—**

Months **5** Days **15**

Sex **Male** Color or Race **White**

Birthplace **A A B o.**

Occupation **None**

Where Residing if not
at place of death

Married, Single
or Widowed **Single** Name of Wife or
Husband **None**

Father's Birthplace **A A B o.**

Father's Name **John Hawes**

Mother's Birthplace **A A B o.**

Mother's Maiden Name **Glance Ward**

How related
to deceased **Father**

Name of person giving
Information **John Hawes**

CAUSES OF DEATH

Primary

Typhoid Fever

1
How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

**B & Dairon
Danville
Md**

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Alberta Hebron

CERTIFICATE OF DEATH

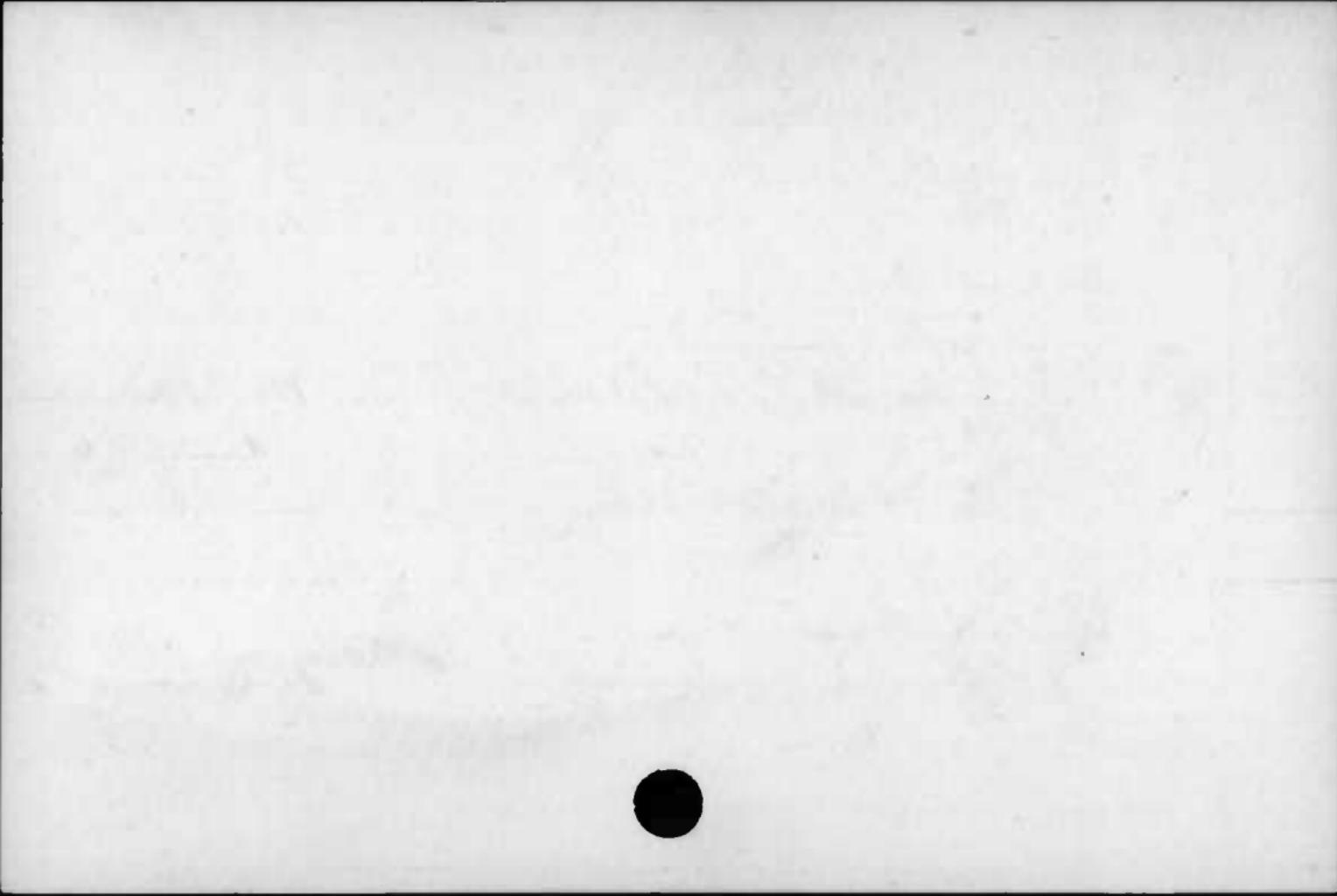
To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hannans</u>		Town	County <u>Anne Arundel</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>April</u>	Day <u>25</u>	Years	Age	Months <u>3</u>	Days <u>6</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Hannan Md</u>				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	<u>Mrs Hebron</u>					
Mother's Maiden Name	<u>Agnes Keys</u>					
Name of person giving information	<u>Julian Keys</u>					
CAUSES OF DEATH						
Primary	<u>Pneumonia</u>					
Immediate	<u>7 days</u>					
Are the name, age, sex, color, date and place correctly given above?		<u>Yes</u>	Signature of Physician	<u>L H P. Haslip, acting Coroner</u>		
			Address	<u>Annapolis Junction Md</u>		
Accident or Suicide?		<u>No</u>				

93

How long

PHYSICIAN
OR CORONER



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

August Ruhland Fieldtich

CERTIFICATE OF DEATH

Town

County

Died at Sulphur Springs

Anne Arundel

MARYLAND

Date
of death

Month

Day

Years

Months

Days

190

April

12

9

4

5

Sex

male

Color or
Race

white

Birth-
place

Maryland

Occupation

School boy

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Charles 21 Fieldtich

Father's
Birthplace

Baltimore, Maryland

Mother's
Maiden Name

Kettie Reynolds

Mother's
Birthplace

"Father"

Name of person giving
Information

C 21 Fieldtich

How related
to deceased

CAUSES OF DEATH

175

Primary

Auto intoxication

How long

Immediate

Stomach poisoning

How long

Five hours.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Dr. McNeuar M.D.

Address

Odenton,
Maryland

Accident or Suicide?

No

100
100



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Alexander Honey

CERTIFICATE OF DEATH

Died at 3rd dist		Town	County American del Co		MARYLAND		
Date of death 1908	Month Apr.	Day 12	Age 9	Years	Months 3	Days 12	
Sex Male	Color or Race Colored	Birthplace American del Co. Md					
Occupation School boy	Where Residing if not at place of death						
Married, Single or Widowed single	Name of Wife or Husband						
Father's Name James Honey			Father's Birthplace A.A. Co 3rd dist				
Mother's Maiden Name Catherine Honey			Mother's Birthplace A.A. Co 3rd dist				
Name of person giving information James Honey			How related to deceased Father				

CAUSES OF DEATH

34

Primary

General, Tuberculosis

5 months

Immediate

Pneumonia

3 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

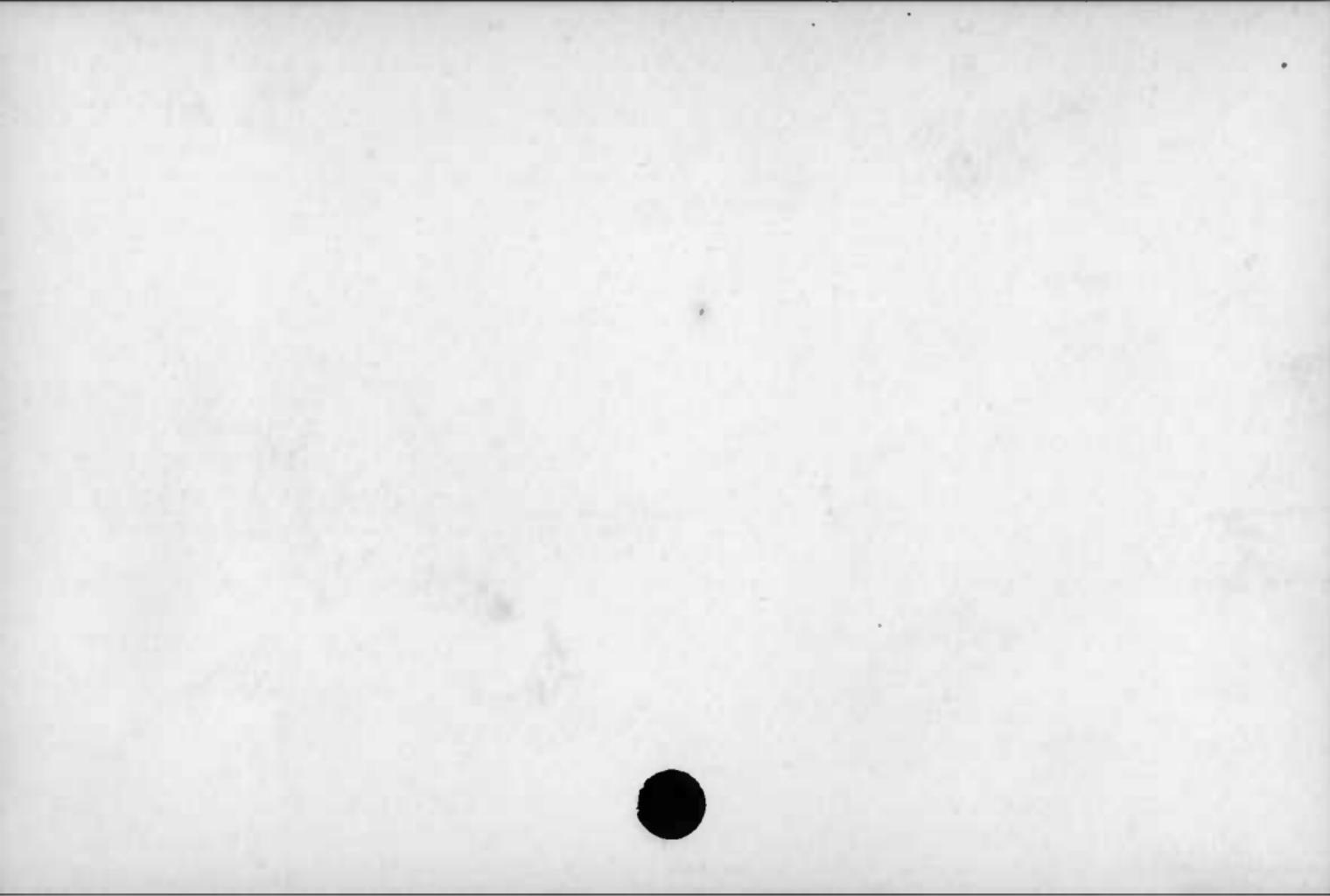
R. P. Keeble
60 Cathedral St
Annapolis Md

Address

Accident or Suicide?



no



Name
in
Full

Louis Horn

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
Sex	Male	Color or Race	Col	Age	48	Birth-place
Occupation	Lab -			Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		—			
Father's Name	Don't Know			Father's Birthplace		
Mother's Maiden Name	Don't Know			Mother's Birthplace		
Name of person giving Information	Mary L Young			How related to deceased		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Bright Disease

Immediate

Are the name, age, sex, color, date and place correctly given above?

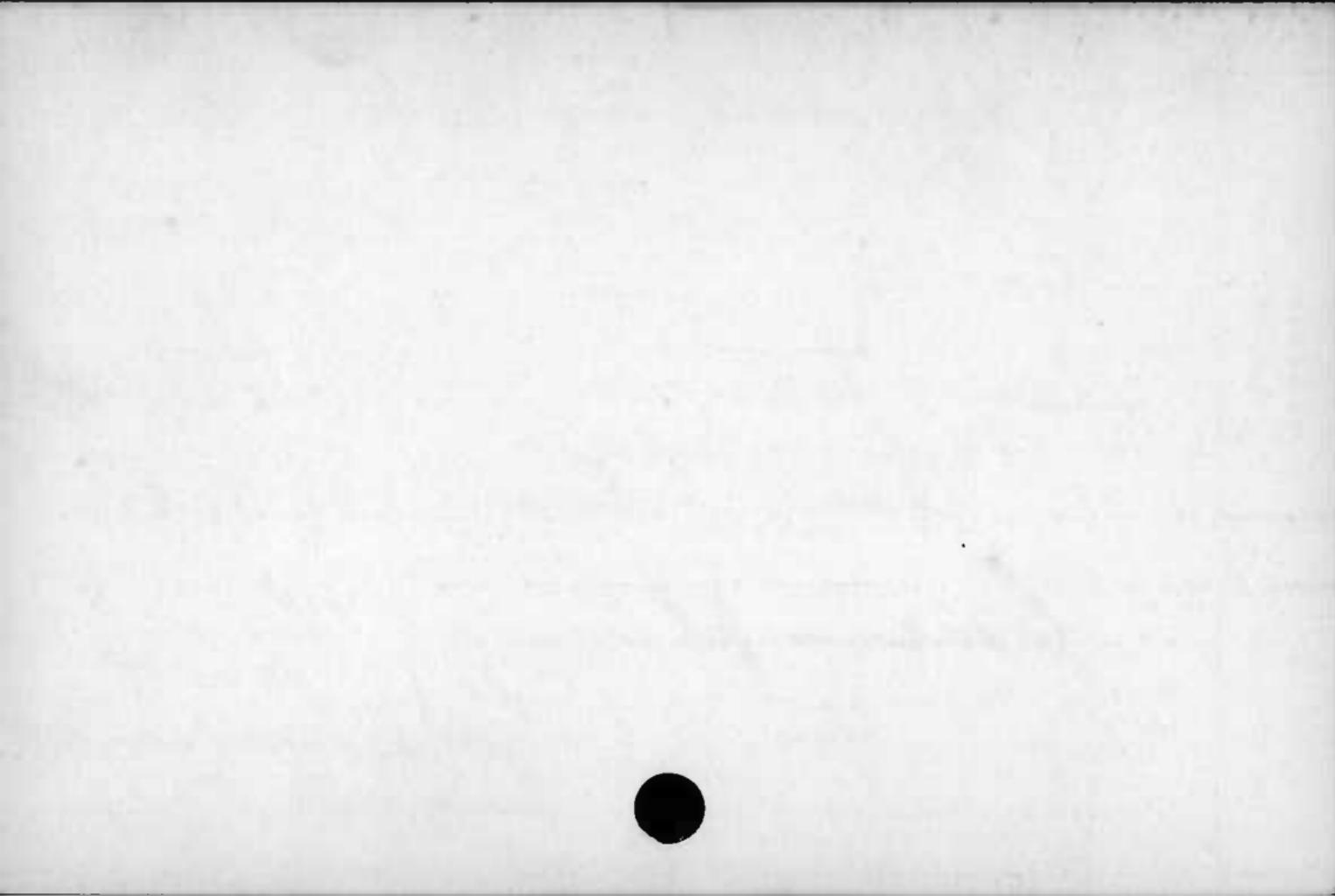


Signature of Physician

Address

Chas W. Brook
Brooklyn

Accident or Suicide?



Name

in
Full

Ragie Johnson

CERTIFICATE OF DEATH

near Woodwardville A. T. M.

MARYLAND

TO BE ANSWERED BY

NEAREST FRIEND

Died <u>14</u>	Town	County		
Date of death <u>1908</u>	Month <u>April</u>	Day <u>29</u>	Age <u>15</u>	Years
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>A. A. C. M.</u>	Months	Days

Sex

Male

Color or Race

Black

Birth-place

Occupation

School boy

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

Father's Name

James Johnson

Father's Birthplace

A. A. C. M.

Mother's Maiden Name

Nannie Anderson

Mother's Birthplace

Name of person giving
Information

James Johnson

How related
to deceased

" " "

Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Consumption

27

Hemorrhage

Several
months

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Sam H. Anderson M.D.
Woodwardville M.D.

Accident or Suicide?

Name
in
Full

Charles William Jones

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Edward Jones	Father's Birthplace	Maryland		
Mother's Maiden Name	Daisy L. Jackson	Mother's Birthplace	Maryland		
Name of person giving information	Edward Jones	How related to deceased	Father		

CAUSES OF DEATH

108

Primary Strangulation of Colon
How long 48 hours

PHYSICIAN
OR CORONER

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

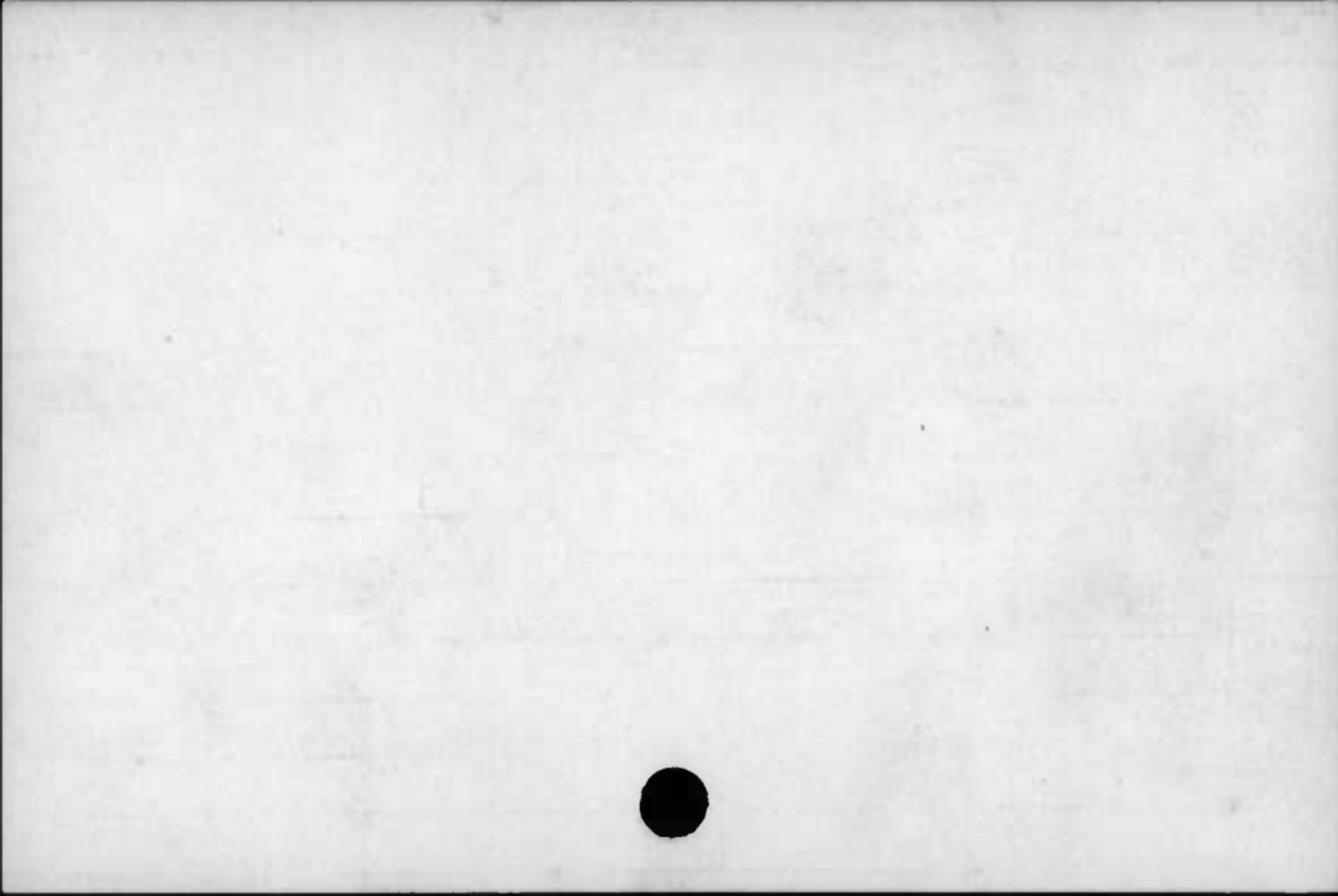
Signature of Physician

Address

R. A. Hammond
Jenks Rd.

Accident or Suicide?

LIBRARY BUREAU 480016



Name
in
Full

Leleb Martin

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

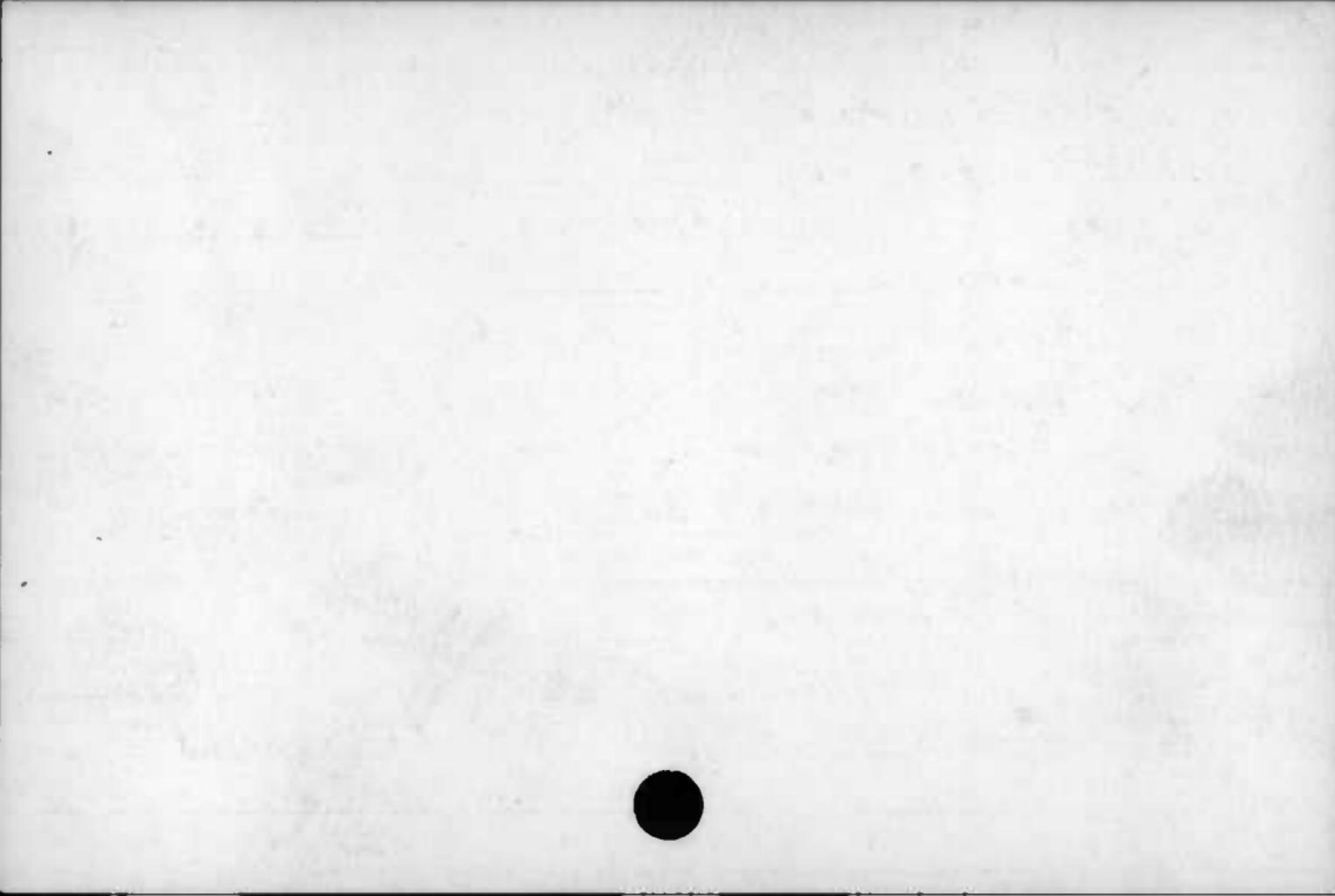
Died at	Town		County		MARYLAND	
Date of death	1908	Month April	Day 25	Years 55	Months	Days
Sex	Male	Color or Race	Colored	Birth-place	South Carolina	
Occupation	Laborer		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Rachel Harris			
Father's Name	John Brown		Father's Birthplace	Unknown		
Mother's Maiden Name	Bet Brown		Mother's Birthplace	Unknown		
Name of person giving information	Samuel R. Colbert		How related to deceased	Neighboor		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis		How long	In months
Immediate	Exhaustion		How long	2 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. S. Ridout	
		Address	Annapolis Md R. S. S. 920 1	
Accident or Suicide?				



Name
in
Full

Carroll Melvin

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Years	Months	Days
1908	April	19		
Sex	Color of Race	Age	Birth-place	
Male	White		Balto Md	
Occupation	Where Residing if not at place of death			
Clerk	Baltimore			
Married, Single or Widowed	Name of Wife or Husband			
Single	None			
Father's Name		Father's Birthplace		
John Melvin		Baltimore		
Mother's Maiden Name		Mother's Birthplace		
Sally Stalling		Baltimore		
Name of person giving information		How related to deceased		
Marion Bolling		uncle		

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary

Straining

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

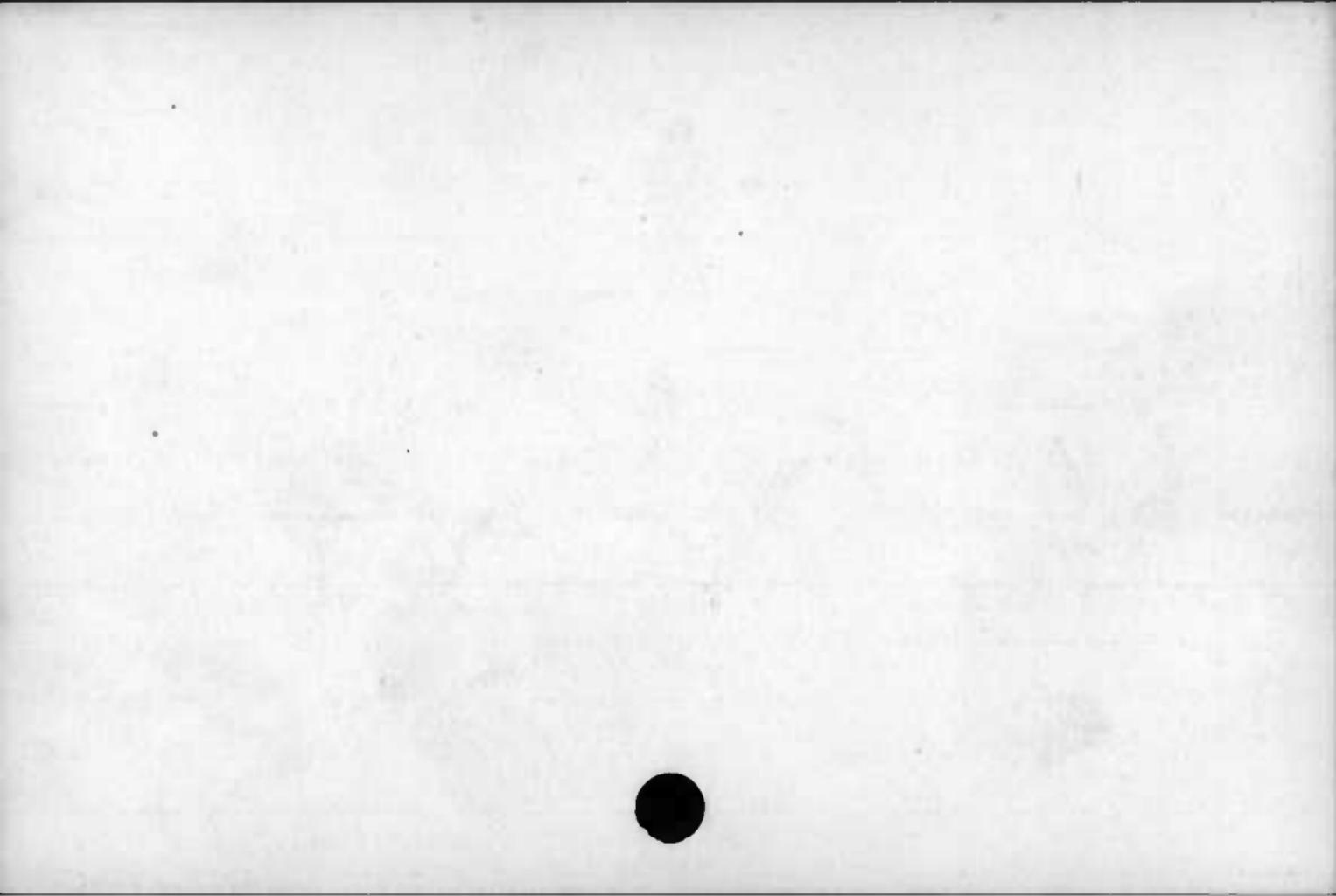
Signature of Physician

Address

Dr. Shychedlowes
South Salt
Md

Accident or Suicide?

accident



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Peter Mikalaunas

Town

County

MARYLAND

Died at South Baltimore June 1908

Month

Day

Years

Months

Days

Date
of death 1908

April

10

not known

not known

Sex Male

Color or
Race

White

Birth-
place

Russia

Occupation

Carpenter

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Insala

Father's
Name

not known

Father's
Birthplace

not known

Mother's
Maiden Name

not known

Mother's
Birthplace

" "

Name of person giving
Information

Alia Mikalaunas

How related
to deceased

Daughter

CAUSES OF DEATH

176

Primary

Gun shot wounds

How long

Immediate

4

4

How long

Are the name, age, sex, color, date
and place correctly given above?

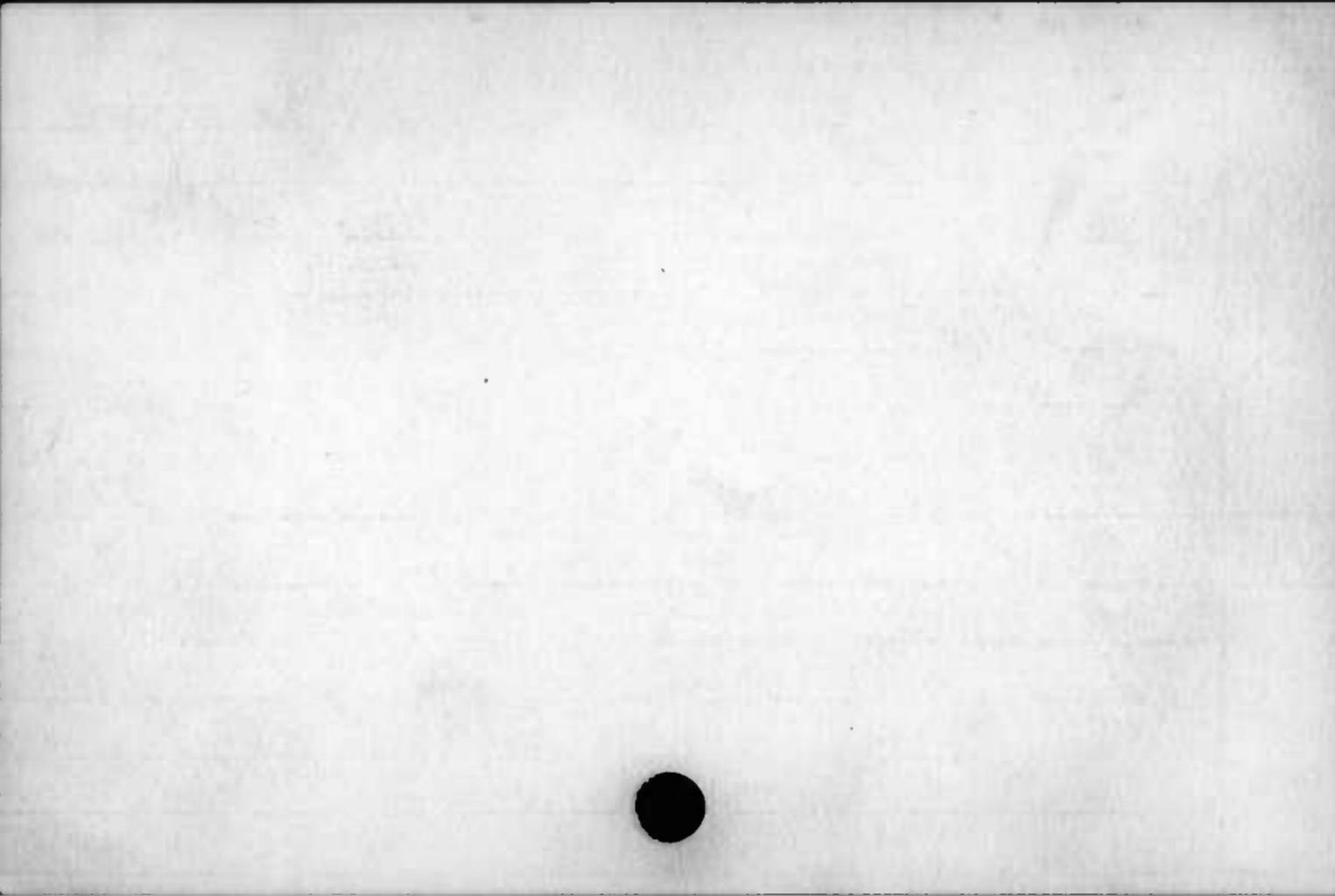
Signature of
Physician

Address

Englisched Country

Accident or Suicide?

Murder



Name
in
Full

Daniel Stanley O'Reardon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month April	Day 9	Years 25	Months 10	Days —
Sex	Male	Color or Race	White			
Occupation	Bookbinder		Where Residing if not at place of death	83 Market St		
Married, Single or Widowed	Sing	Name of Wife or Husband				
Father's Name	Daniel O'Reardon		Father's Birthplace	London Eng.		
Mother's Maiden Name	Gertrude Stevens		Mother's Birthplace	Lowell Mass		
Name of person giving Information	Alice O'Reardon		How related to deceased	Sister		

CAUSES OF DEATH

19

How long

How long

PHYSICIAN
OR CORONER

Primary

Rubella Hypopyrexia, 1 week

Immediate

Ac. Lepro Mania

3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. Murphy
Annapolis Md

Accident or Suicide?



Name
in
Full

Cathel - V. Queen (Queen)

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at annapolis		Town	md	County	a. a. co.		MARYLAND
Date of death 1908	Month July	Day 17	Age 3	Years	Months	9	Days
Sex female	Color or Race colored	Birth-place annapolis ad					
Occupation	Where Residing if not at place of death		31 Monument at				
Married, Single or Widowed single	Name of Wife or Husband						
Father's Name Steven Queen	Father's Birthplace annapolis md						
Mother's Maiden Name Annie C. Parker	Mother's Birthplace annapolis md						
Name of person giving information Steven Queen	How related to deceased Father						

CAUSES OF DEATH

92

How long

How long

PHYSICIAN
OR CORONER

Primary

Bronchitis-Pneumonia

4 lofekos

Immediate

Convulsions

13 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

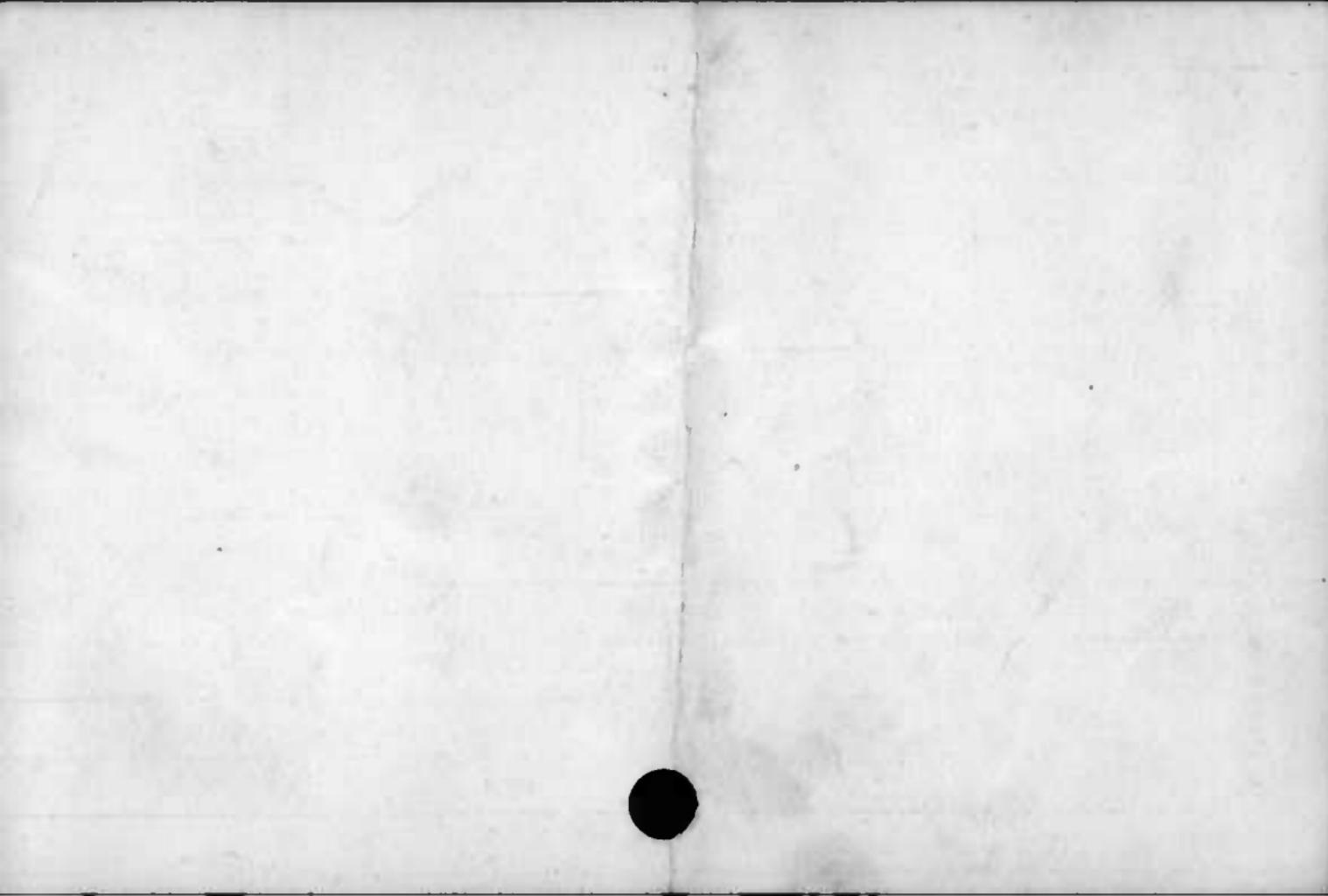
R. P. Kusek

600 Coffey St. of

Annapolis Md

Accident or Suicide?

no



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND		
Date of death	1908	Month 4	Day 21	Years 54	Age	Months Days
Sex	Male	Color or Race	colored	Birth-place	Adams M. ^o	
Occupation		Where Residing at place of death			at home	
Married, Single or Widowed		Name of Wife or Husband	Margaret J. Sharp			
Father's Name		J. C. Johnson			Father's Birthplace	
Mother's Maiden Name		not known			Mother's Birthplace	
Name of person giving Information		Ben. Johnson			How related to deceased	
CAUSES OF DEATH						
Primary	Chronic Bright's Disease			120	How long	3 years
Immediate	Heart Failure				How long	6 months
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	J. S. Johnson	
				Address	1212 N. Calvert Street Baltimore, Md 21201	
Accident or Suicide?						

PHYSICIAN
OR CORONER



Name
in
Full

James Edward Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Annapolis		Town A-A- County		MARYLAND		
Date of death 1908	Month April	Day 4	Years -	Months -	Days 2	
Sex Male	Color or Race Colored	Birth-place Annapolis				
Occupation Unknown	Where Residing if not at place of death 80 Monument St.					
Married, Single or Widowed Single	Name of Wife or Husband Unknown					
Father's Name James Ernest Smith	Father's Birthplace Annapolis Neck					
Mother's Maiden Name Catherine Brown	Mother's Birthplace Annapolis					
Name of person giving Information James Ernest Smith	How related to deceased Father					

CAUSES OF DEATH

157

Primary

Congenital Debility

How long

2 days

Immediate

Exhaustion

How long

2 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

**R. P. Peeples
Obstetrics
Annapolis**

PHYSICIAN
OR CORONER

Accident or Suicide?

No

MARGIN RESERVED FOR BINDING

N. B.---Every item of information should be carefully supplied. **ACE** should be stated **EXACTLY**, **PHYSICIANS** should state **CAUSE OF DEATH** in plain terms so that it may be properly classified. Exact statement of **OCCUPATION** is very important. See Instructions on back of certificate.

1 PLACE OF DEATH *Home Arneched* *Copy*

County *near Brooklyn* St. *Ward* *Registration Dist. No. 23*

2 FULL NAME *William H. Smuck*

3 SEX *Male* 4 COLOR OR RACE *white* 5 SINGLE, MARRIED, WIDOWED OR DIVORCED *Mama* (Write the word)

6 DATE OF BIRTH *1908* (Month) *2* (Day) *9* (Year)

7 AGE *58 yrs. 2 mos. 9 days.* If LESS than 1 day.... hrs. min. ?

8 OCCUPATION (a) Trade, profession or particular kind of work..... (b) General nature of industry business, or establishment in which employed or (employer).....

9 BIRTHPLACE (State or country) *Philadelphia, Pa.*

10 NAME OF FATHER *Thomas H. Smuck*

11 BIRTHPLACE OF FATHER (State or country) *Philadelphia, Pa.*

12 MAIDEN NAME OF MOTHER *Blanche*

13 BIRTHPLACE OF MOTHER (State or country) *Philadelphia, Pa.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *John H. Smuck* (Address) *1234 1/2 Main St., Philadelphia, Pa.*

15 Filed *July 14, 1908* Registrar *John H. Smuck*

16 DATE OF DEATH *April 13, 1908* (Month) *April* (Day) *13* (Year)

17 I HEREBY CERTIFY, That I attended the deceased from *192* to *192* that I last saw him alive on *192* and that death occurred on the date stated above, at *192* m. The CAUSE OF DEATH was as follows: *Intercalation of lungs* (Duration) *192* yrs. *192* mos. *192* da.

Contributory *Secondary* (Duration) *192* yrs. *192* mos. *192* da. (Signed) *Thomas H. Smuck* M. D. *July 14, 1908* (Address) *1234 1/2 Main St., Philadelphia, Pa.*

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death *1908* yrs. *1908* mos. *1908* da. In the State, *1908* yrs. *1908* mos. *1908* da. Where was disease contracted, if not at place of death? Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL *Holy Cross Cemetery* DATE OF BURIAL *July 15, 1908*

20 UNDERTAKER *John H. Smuck* ADDRESS *Balti.*

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

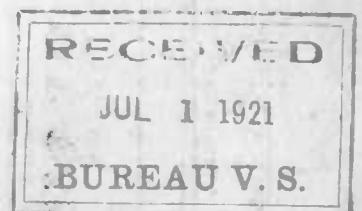
(Approved by U. S. Census and American Public
Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary firemen*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Crocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "*Laboret*," "*Foreman*," "*Manager*," "*Dealer*," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonid* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "*Asthena*," "*Anaemia*" (merely symptomatic), "*Atrophy*," "*Collapse*," "*Coma*," "*Convulsions*," "*Debility*" ("Congenital," "*Senile*," etc.), "*Dropsey*," "*Exhaustion*," "*Heart failure*," "*Haemorrhage*," "*Inanition*," "*Malasmus*," "*Old Age*," "*Shock*," "*Uraemia*," "*Weakness*," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*PUERPERAL septicæmia*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train*—accident; *Revolver wound of head*—homicide; *Poisoned by carbolic acid*—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

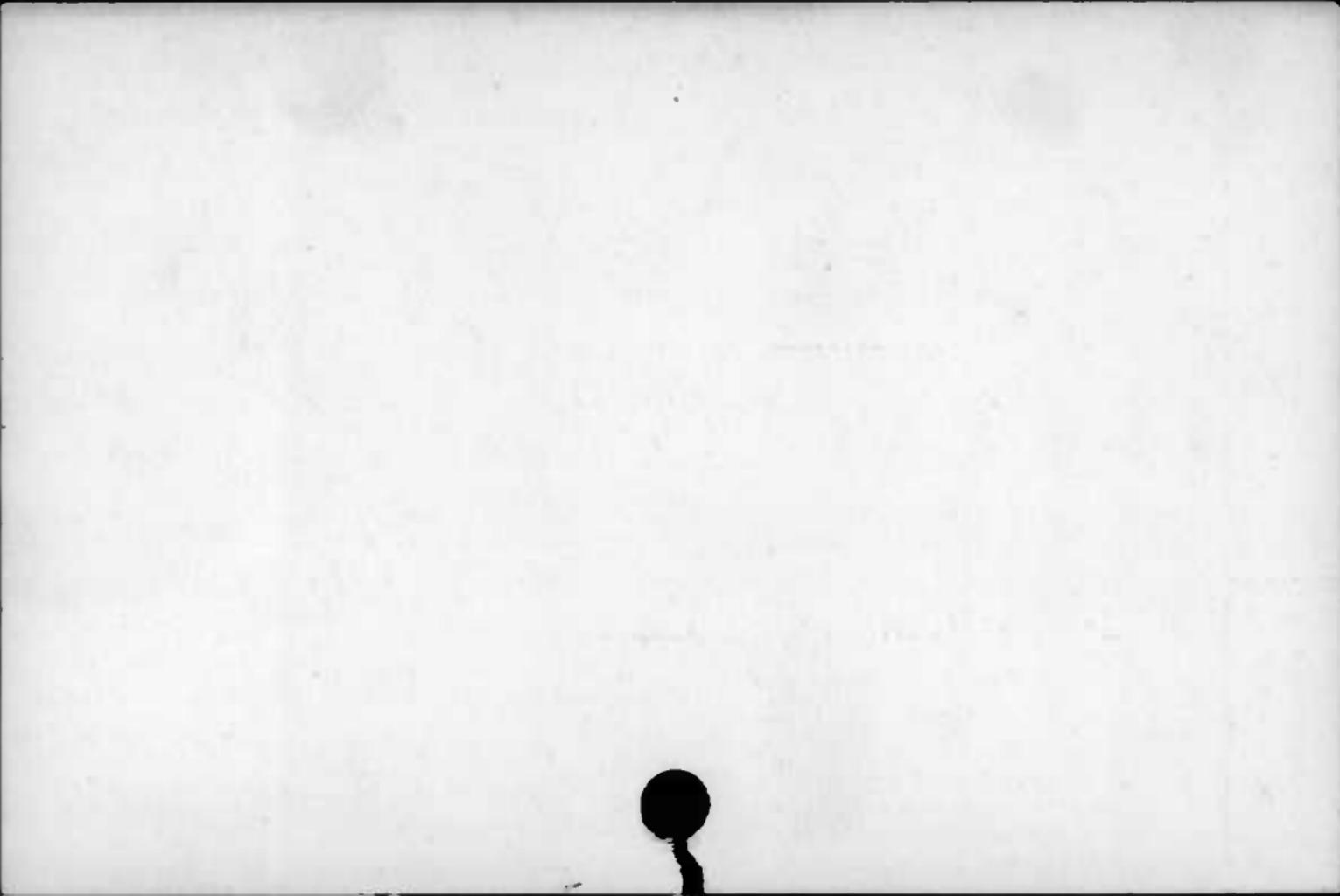
<i>James A. Spencer</i>					CERTIFICATE OF DEATH		
Died at		Town	County				
Marley		325 dist. Anne Arundel Co.	Anne Arundel Co.		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1908	April	19	about 58 years				
Sex	Male	Color or Race	Colored	Birth-place	Anne Arundel Co.		
Occupation	Farmer		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Laura Richards				
Father's Name	James Spencer		Father's Birthplace	Anne Arundel Co.			
Mother's Maiden Name	Harriett Shott		Mother's Birthplace	Anne Arundel Co.			
Name of person giving information	Howard Spencer		How related to deceased	Son.			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Lobar Pneumonia</i>		How long	5 days
Immediate	<i>Heart failure</i>		How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>James S. Bellingsley</i>	
		Address	<i>Orange</i>	
Accident or Suicide?			Md.	



Name
In
Full

Mary Adele Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908 April	8	22	0	2	21
Sex	Color or Race	Birth-place			
Female	Colored	William Md			
Occupation	Where Residing if not at place of death		William St Colle		
Married, Single or Widowed	Name of Wife or Husband	None	Apostled		
Father's Name	None		Davidsonville		
Mother's Maiden Name	Lavinia Parker		William Md		
Name of person giving information	Paul Thomas		How related to deceased		

CAUSES OF DEATH

54

PHYSICIAN
OR CORONER

Primary

Anemia

How long

2 mo

Immediate

Inanition

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

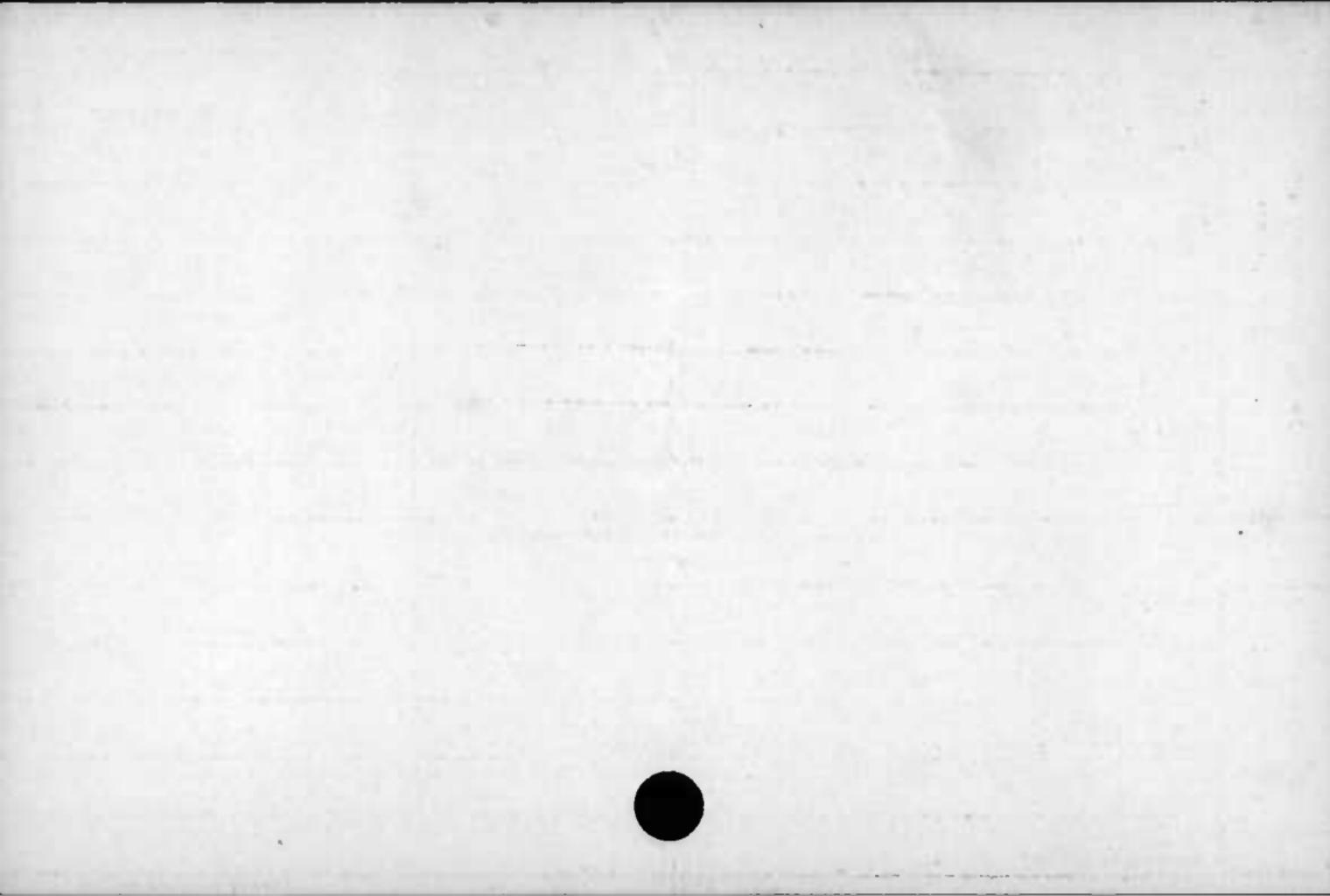
Yes

Signature of Physician

Address

Dr. Wm. W. Winkler
Panover Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1908	Month April	Day 29	Years 38	Months 9	Days 1	
Sex	Male	Color or Race	White	Birth-place Ma			
Occupation	Engineer		Where Residing if not at place of death	Balto			
Married, Single or Widower	Name of Wife or Husband		Mary Thomas				
Father's Name	Mr B Thomas		Father's Birthplace	not known			
Mother's Maiden Name	not know		Mother's Birthplace	not known			
Name of person giving Information	Cpt Walter Woolford		How related to deceased	None			

CAUSES OF DEATH

172

How long

How long

PHYSICIAN
OR CORONER

Primary

Drowning

Immediate

Are the name, age, sex, color, date and place correctly given above?



Signature of Physician

Address

Mc Gregor Corner
South Balt
Astco Md

Accident or Suicide?

Accident

Oak Lawn Cemetery

H. Sander Does.

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

George Trogo
Jessup

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1908	Month 4	Day 4	Age 29	Years	Months	Days
Sex	Male	Color or Race	White		Birth-place	Maryland	
Occupation	Laborer		Where Residing if not at place of death		1106 Pinkney St-Baltimore		
Married, Single or Widowed	Single	Name of Wife or Husband			Father's Name	Unknown	
Father's Name	Unknown				Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown				Mother's Birthplace	Unknown	
Name of person giving information	George Trogo				How related to deceased	the deceased	

CAUSES OF DEATH

26

Primary *Tuberculosis of Throat & glottis* How long *Two months*

Immediate *Dyspnoea* How long *Ten minutes*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

R. A. Hammond
Jessup, Md

Accident or Suicide?



Name
in
Full

John H. Tucker

CERTIFICATE OF DEATH

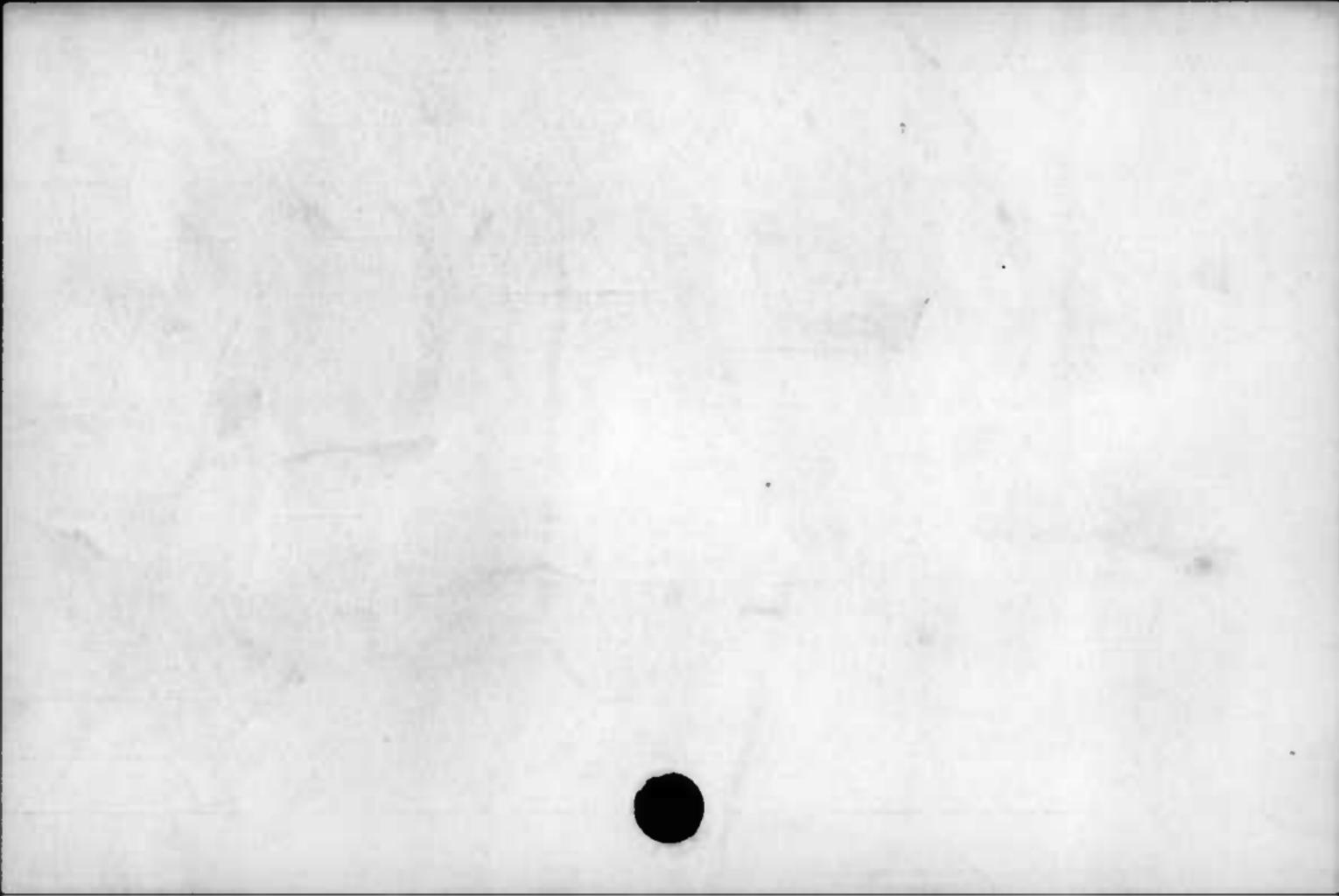
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Annapolis	County Anne Arundel		MARYLAND	
Date of death	1908	Month April	Day 18	Age 89	Years	Months
Sex	Male	Color or Race	White	Birth- place	Washington D.C.	
Occupation	P.P. Employee		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Louise Tucker		Father's Name	Unknown
Father's Name	Unknown				Father's Birthplace	Unknown
Mother's Maiden Name	Unknown				Mother's Birthplace	Unknown
Name of person giving Information	Isaac Macher				How related to deceased	Son-in-law

CAUSES OF DEATH

118

PHYSICIAN OR CORONER	Primary	Appendicitis	
	Immediate	Probable rupture of sac	
Are the name, age, sex, color, date and place correctly given above?		yes,	Signature of Physician W. Clement Goode No.
So far as I know		Address 9 St. John St	Address
Accident or Suicide?		Annapolis, Md	



Name
in
Full

Emma, May. Maria. Tuers.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1908	April	3	44	0	29	
Sex	Female.	Color or Race	White.	Birth-place	Baltimore	
Occupation	House. Wife.		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Arthur. Milton. Tuers.			
Father's Name	Philip. Samuel. Rutter		Father's Birthplace	Rio. Janeria.		
Mother's Maiden Name	Sophonia, Octavia, Etherington		Mother's Birthplace	Cecilton.		
Name of person giving information	Annie L. Phelps		How related to deceased	Cousin		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cardiac Dilatation, Acute

79

How long

12 hrs

Immediate

"

"

"

Are the name, age, sex, color, date and place correctly given above?

yes

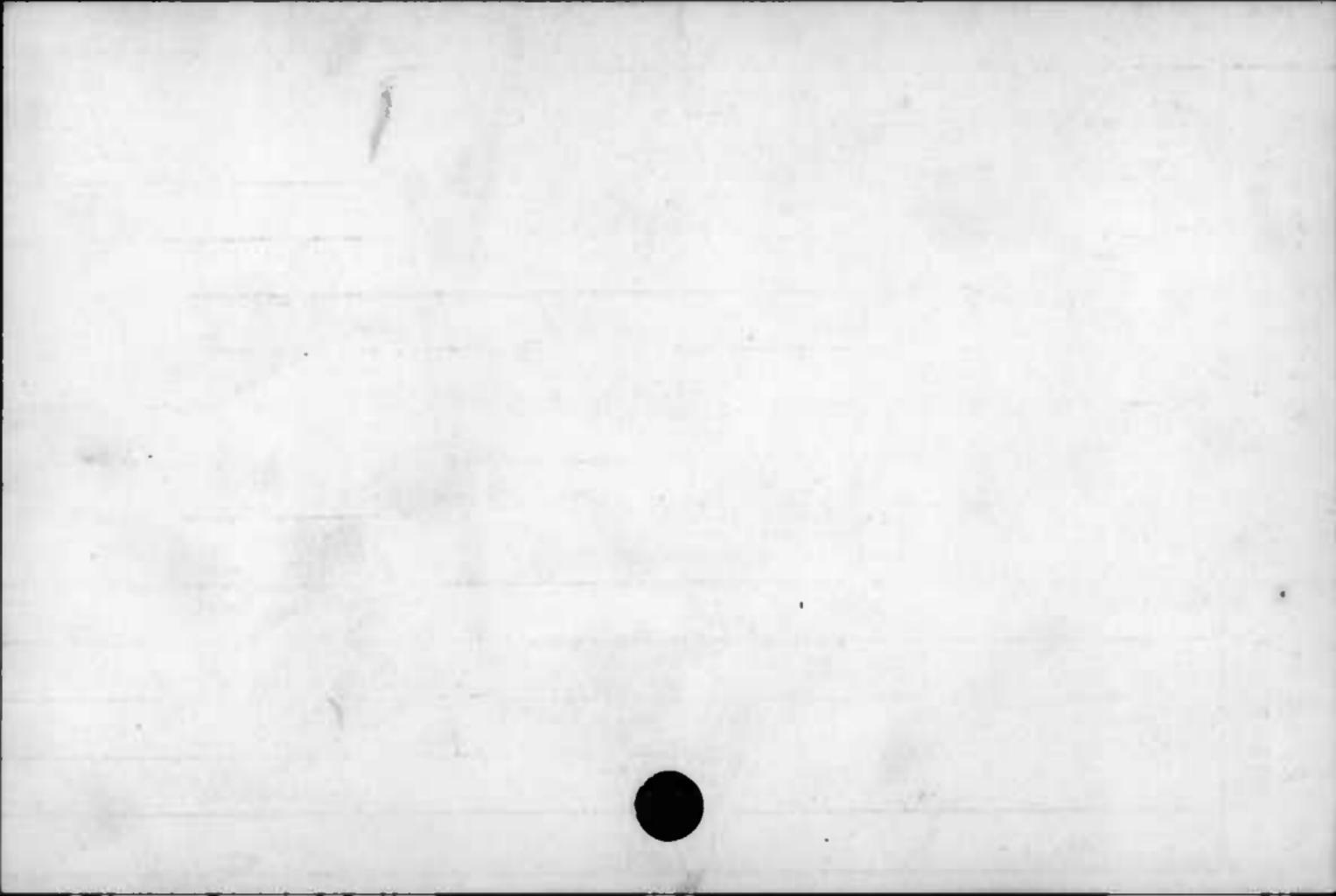
Signature of Physician

Address

J. Oliver Purvis,
Kosciusko, Ind.

Accident or Suicide?

no



Name
in
Full

Mary E Vansant

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	63		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Lao. H. Vansant			
Father's Name	D K Kimball			Father's Birthplace	Mass,
Mother's Maiden Name	Mary Vickers			Mother's Birthplace	Mass
Name of person giving information	John Basil			How related to deceased	Son in law

CAUSES OF DEATH

78

How long

300 years

How long

Instantaneous

PHYSICIAN
OR CORONER

Primary

myocarditis

Immediate

Syncope

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

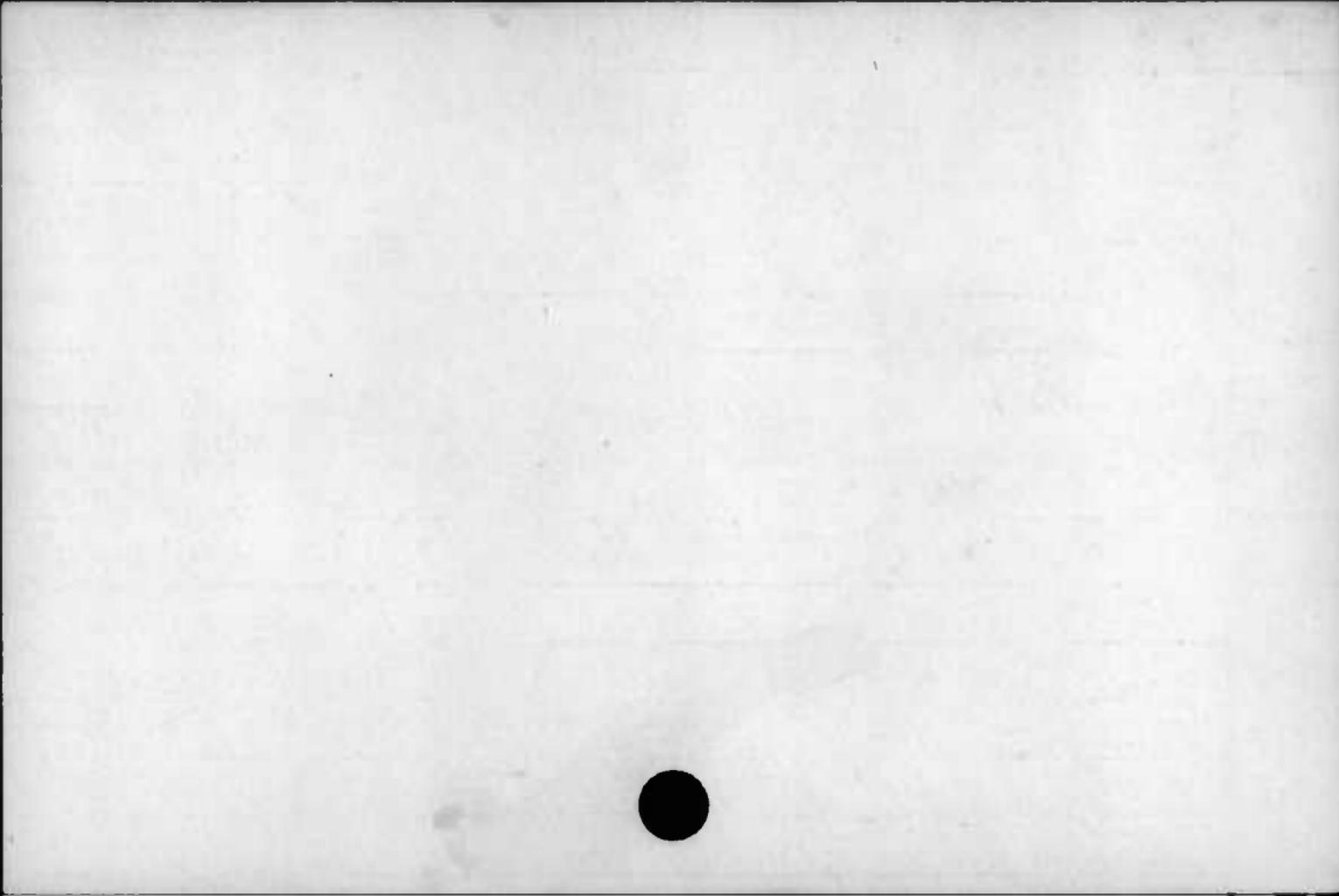
H. Clement Garell M.D.

Address

9 St. John St.

Annapolis, Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

August Wolf						CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND		
Date of death	1908	Month April	Day 21	Years 53	Months 8	Days 21	
Sex	Male	Color or Race	White	Birth-place Germany			
Occupation	Laborer		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband		Lizzie Wolf			
Father's Name	Frank Wolf		Father's Birthplace Germany				
Mother's Maiden Name	annie		Mother's Birthplace Germany				
Name of person giving information	Lizzie Wolf		How related to deceased Wife				

CAUSES OF DEATH

27

How long

Pulmonary Tuberculosis

3 mo

How long

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Charles Brook
Brooklyn

Accident or Suicide?



Name
in
Full

Frances M. Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Germantown Town County Att 60
Date of death 1908 Month April Day 1st Year 1
Sex Female Color or Race Col.
Occupation Birthplace

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Andrew Wright

Father's
Birthplace

Att 60

Mother's
Maiden Name

Eliza Wright

Mother's
Birthplace

Att 60

Name of person giving
information

Mother

How related
to deceased

Primary

CAUSES OF DEATH

179

How long

Immediate

Marasmus

Months

Exhaustion

gradual

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Yes

Address

John Ridout
115
Annapolis
Md

Accident or Suicide?

PHYSICIAN
OR CORONER

